

**Manuscript #59959**

**Response to Reviewers and Editors**

**Round 1**

Dear Dr. Ma,

Thank you for giving us the opportunity to submit a revised draft of the manuscript “Prognostic Significance of Regional Lymphadenectomy in T1b Gallbladder Cancer: Results from 24 Hospitals in China” for publication in the *World Journal of Gastrointestinal Surgery*. We appreciate the time and effort that you and the reviewers dedicated to providing feedback on our manuscript and are grateful for the insightful comments on and valuable improvements to our paper.

We have incorporated the suggestions made by the reviewer. The manuscript has been revised and reformatted according to guidelines. Please see below, in blue, for a point-by-point response to the reviewers’ comments and concerns. All page numbers refer to the revised manuscript file with tracked changes.

**Reviewers' Comments to the Authors:**

**Reviewer #1**

1. First of all, a good work. There are very few articles on the T1b stage and an important point has been made. Congratulations to the researchers. Have lymph node positive patients received adjuvant chemotherapy and radiotherapy? If lymph node positive patients did not receive chemotherapy, what is the reason?

*Author response:* Thank you. We have described the results on chemotherapy in Page 14 and discussed in Page 18. Unfortunately, among the 7 patients with

nodal metastasis, only 1 received chemotherapy. We reported that chemotherapy was applied in only 10% GBC patients in China during the study period (Ren 2020 *Zhonghua Wai Ke Za Zhi*), suggesting an under-usage. Though recommended by both the NCCN guidelines and Chinese Medical Association guidelines, the same extent of under-usage existed. The main results were 1) poor adherence to the guidelines; 2) patients' rejection. Though the treatment didn't comply with current guidelines, this underusage didn't alter our conclusion, as Ch+RL could help find patients with nodal status and improve decision-making in comprehensive treatment.

#### **Editors' Comments to the Authors:**

1. I found no "Author contribution" section. Please provide the author contributions.

Author response: Thank you. We have added "Author contribution" section in Page 4.

2. I found the authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s)

Author response: Thank you. The form has been attached in the system.

3. I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Author response: Thank you. Original figures have been attached in the system.

4. I found the authors did not write the “article highlight” section. Please write the “article highlights” section at the end of the main text.

Author response: Thank you. The “article highlights” section has been added in Page 19.

5. Please don't include any \*, #, †, §, ‡, ¥, @....in your manuscript; Please use superscript numbers for illustration; and for statistical significance, please use superscript letters. Statistical significance is expressed as aP <0.05, bP <0.01 (P > 0.05 usually does not need to be denoted). If there are other series of P values, cP <0.05 and dP <0.01 are used, and a third series of P values is expressed as eP <0.05 and fP <0.01.

Author response: Thank you. All tables have been revised according to given format.

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## Round 2

Manuscript #59959 Response to Reviewers and Editors

Dear Dr. Fan,

Thanks for you and the reviewer's time on our manuscript "Prognostic Significance of Regional Lymphadenectomy in T1b Gallbladder Cancer: Results from 24 Hospitals in China" in the World Journal of Gastrointestinal Surgery. Since the reviewer didn't mention further revision on our manuscript, we made no change in current manuscript. Still, we're pleased to hear your feedback.

### **Reviewers' Comments to the Authors:**

Reviewer #1

1. It is original and recommends lymphadenectomy should be standart in T1b.

Author response: Thanks for your encouragement!